

RECEIVED

OCT 11 2005 4:04PM

JDI PATENT CENTRAL FAX CENTER

510 360 9656

P. 1

OCT 11 2005

TRANSMITTAL FORM (for all correspondence after initial filing)	Attorney Docket No. BAT-102	Total Pages 13
	Application Number 10/617,572	
	Filing Date JULY 11, 2003	
	First Named Inventor ROBERT G. BATCHKO	
	Group Art Unit 2872	
	Examiner LEONIDAS BOUTSIKARIS	

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Return Receipt Postcard (MPEP 503) <input checked="" type="checkbox"/> Fee Transmittal Form (1 page) <input checked="" type="checkbox"/> Fee Attached: PTO-2038 (1 page) <input checked="" type="checkbox"/> Response/Amendment (10 pages) <input type="checkbox"/> After Final Rejection <input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> with Corrected Drawing(s) Total Sheets: [] <input type="checkbox"/> with Replacement Sheet(s) Total Sheets: [] <input type="checkbox"/> with Affidavits/Declarations <input type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Terminal Disclaimer under 37 CFR 1.321(c) <input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Response to Notice of Missing Parts <input type="checkbox"/> Applicant Claims Small Entity Status <input type="checkbox"/> Declaration by Inventors <input type="checkbox"/> Assignment papers <input type="checkbox"/> Power of Attorney by Assignee <input type="checkbox"/> IDS/PTO-1449 <input type="checkbox"/> with copies of cited references <input type="checkbox"/> New Power of Attorney and Revocation of Old <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Other:

SIGNATURE OF ATTORNEY	
NAME	JOSHUA D. ISENBERG, REG. NO. 41,088
Signature	<i>Joshua D. Isenberg</i>
Date	OCTOBER 11, 2005
CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this paper is being filed with the United States Patent and Trademark Office by facsimile transmission on <u>October 11, 2005</u> to facsimile telephone number (571)-273-8300	
SIGNATURE	JOSHUA D. ISENBERG NAME OF PERSON SIGNING

**RECEIVED
CENTRAL FAX CENTER**

OCT 11 2005 4:07PM

JDI PATENT

510 360 9656

P. 12

OCT 11 2005

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0861-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 100

Complete if Known

Application Number 10/617,572
Filing Date July 11, 2003
First Name(s) Inventor Robert G. Baloghko
Examiner Name Leonidas Boursikaris
Art Unit 2872
Attorney Docket No. BAT-102

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100
Multiple dependent claims 360 180

Total Claims 4 - 20 or HP = 0 x 100 = 0
HP = highest number of total claims paid for, if greater than 20
Indep. Claims 4 - 3 or HP = 0 x 100 = 0
HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 100 - 100 = 0 / 50 = 0 (round up to a whole number) x 125 = 0
Extra Sheets 0 / 50 = 0 (round up to a whole number) x 125 = 0
Number of each additional 50 or fraction thereof 0 x 125 = 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature Joshua D. Isenberg Registration No. 41,088 Telephone (510) 896-8328
Name (Print/Type) Joshua D. Isenberg Date Oct. 11, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.